

## Comments on Intercountry Adoption and the Proposed Hague Regulations

### Introduction

Overall our family's international adoption experience was positive. We would do it all over again in a heartbeat. I am writing to speak for our family as well as the desperately waiting children who I saw firsthand, who cannot speak for themselves. Undoubtedly you have already heard from those whose experiences were negative. I think that anyone drafting legislation that affects us, our children, and our families and our rights should hear from us as well. More importantly anyone making these decisions should travel to some of the "orphanages" and see first hand the children and their living conditions before making decisions that will determine their fate. Children's lives are at stake here. Many of these children are beautiful, bright, and not just normal, but gifted children like our son. They are struggling under conditions where their emotional, spiritual, developmental, nutritional, and physical stimulation needs cannot be met. Children may learn to survive but they do not thrive in these environments. But they can thrive when removed to the care of a loving family who needs them.

If we turn our backs on these children their future is grim. Some regions have 80-90% of these children released to become prostitutes or go to prison. Americans often think that it is not our problem. Think again. These are the environments where extremist groups flourish and terrorist cells spring up. The reasons are clear. The people have no hope. They are easily sucked into anything that gives them hope whether it is hope in this life or in the next.

Today our son is in perfect health, he has not been sick a day and has no disorders or delayed development. He was adopted from the City Infants' Home of a poverty ridden region of Russia at age 3 one year ago on Independence Day.

I have noted my concerns below. Many of the provisions sound very useful. However, it is the implementation thereof and the unintended but unavoidable effects that are of major concern. In some instances it would seem that a mandatory government sponsored brochure on the potential issues to educate adoptive families would serve better.

There are no guarantees in adoption and there can be none just as with childbirth. As with prenatal care to reduce risks of childbirth, there are ways that families can reduce the risks of adopting children with unwanted health and developmental problems. Families do this by screening of child medical information in the form of videos, height, weight, head circumference, and medical history by doctors who specialize in this field. But as with pregnancy, there will always be risks.

I recommend that you address the following issues before proceeding with the proposed regulations:

#### 1. Delays

Regulation without a doubt will cause delays and increased costs in an already long and expensive process. Delays burden families and expose children to unreasonable time in unfavorable conditions in infant and children's homes or foster care. Delays and increased costs caused by regulation are not acceptable.

#### 2. Increased costs

The costs of adoption are already incredibly high. Many families who long to adopt cannot afford it. With regulation it is inevitable that costs are going to be higher. There are numerous foundations which promote adoption but few which actually provide financial aid to families. Real people, like us, will tell you that domestic adoptions costs about \$25K and international \$30-\$45K including travel and accommodations. (Section IV E. numbers are too low.) We believe that these costs are the legitimate costs. There are a number of people involved in the process both here and abroad who have to be paid a fair price for their services. In the destination country alone there are translators, facilitators in the embassy city, facilitators in the child's city, and drivers in both, just to name a few. There are travel costs for parents (1 to 3 trips), child, facilitators, and periodically agency staff. Regulation will not decrease these costs. At a

minimum, additional tax credits are needed to offset the increased costs and excessive financial burden that this regulation will cause.

### **3. Privacy and Permanency Safeguards**

One note: Mention is made about conforming to states requirements but not about requirements of the birth country. States and birth countries have different requirements regarding privacy of adoption records and parental rights.

Many families adopt internationally because of the perception of greater chance for permanency of the placement. They do not want even the slightest chance that a birth parent will retain the right to reclaim parental rights at any time. Adoptive parents see this possibility in the US domestic system. This would be very traumatic for a child who has just learned to trust again with his new family after the first years and months of his life where adults have failed him/her. Require existing registries, or create an international registry that requires, registry by both adoptee and biological parents before information can be disclosed. Establish a penalty to prohibit anyone other than the adoptee or adoptive parents or biological parents from disclosing the information in the event that it is obtained by any means.

### **4. Standards for Education**

What are the standards or who determines the curriculum for the education of pre-adoptive parents?

Education on attachment is controversial. It is evolving. The professionals do not agree on the issues or the therapies. Love, logic and common sense understanding go a long way. Barring any major physical or biochemical defects or imbalances, understanding the environment where a child came from and appropriately reacting, while giving him a stable and secure structured environment goes a long way. Reading the criteria for some of the disorders such as Reactive Attachment Disorder, one would conclude that ALL three and four year olds have some degree of the disorder. There do not seem to be any clear guidelines or understanding for the "condition" or the treatment. Many of the symptoms named are natural consequences of life in a children's home as opposed to life in a family environment. Children can and do adjust without intervention.

### **5. Comparison to the Domestic System**

Who will regulate agencies and the process? Will it be the same miserable mess as the American domestic adoption system which has driven many families to international.

What is being done to insure that our adoptions are permanent? Will parents have to fear as with domestic adoptions that at any time a biological parent will come forward and have parental rights restored and their child who has become part of their family be torn away from them to start over? Or will you guarantee the permanency of our families?

### **6. Offensive Terminology and Labels**

Consider replacing the term "institutionalized children" (or any other forms thereof) used in Sections 96.48 (b;4 & 5) of this bill with a less offensive and narrower term. A good alternative would be "child who has been in the care of an infant's or children's home". In Russia these are the terms used. The term "institutionalized" has become widely proliferated in the literature of the soft-sciences of Psychology and Sociology. Presumably, these terms are coined by psychologists, psychiatrists, and/or social workers who deal with primarily only the worst case children.

Even the term "orphanage" would be a better alternative, although not all children are literally orphans since biological parents may still be living but not have parental rights. However, they are for practical purposes, orphans. Although a children's home or orphanage is technically an institution, "Institution" is a broad term encompassing prisons, schools, drug and alcohol rehabilitation centers and mental health facilities. The term has strong connotations of being involuntarily committed to a mental health facility. Although our children may have been involuntarily placed in the children's home, it was through no fault of their own. My concern is for the label that gets placed on them marking them as damaged that can be self-fulfilling.

### **7. International Standards for Care of Children in Infant's and Children's Homes**

What can be done to improve the conditions of, and prevent the abuses of children in children's homes and to educate the lawmakers and the caregivers? Many do not have the resources to properly care for the children. The caretakers often do not even have enough resources for themselves or their own children. One issue that does not get much press: Some families and International Adoption Medical Specialists have made allegations of routine even daily use of sedatives or "teas" in many children in the care of some children's homes. Other families including us have seen indications that made them suspicious of the possibility of such a practice.

If these conditions cannot be changed because of economic circumstances of the countries and perhaps even education for them is not affordable,

**Please don't impede those who need and want to help these children by adopting them with eyes wide open, fully aware of the risks, the costs, and the blessings.**

Rebecca Schwindeman, MLIS

Mother of 4 year old (adopted at age 3, Russia), 17 year old (biological), 21 year old (biological) and Wife of Dr. J. Schwindeman, adopted domestically